

### **HEALTH ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

**Grand Valley Health Plan, Inc.** 

	000 , <u>000</u> nt Period) (Prior P		C Company Code	95453	Employer's ID Number	38-2396958				
Organized under the Laws of	,	lichigan	, State	of Domicile	or Port of Entry	Michigan				
Country of Domicile			<u> </u>	States	,					
Licensed as business type:	Life, Accident & Health	n[]	Property/Casualty	[ ] De	ntal Service Corporation [ ]	_				
	Vision Service Corpora	ation [ ]	Other [ ]	He	alth Maintenance Organization	[X]				
	Hospital, Medical & De	ental Service	or Indemnity [ ]	ls l	HMO, Federally Qualified? Yes	s[] No[X]				
Incorporated/Organized	12/03/19	981	Commence	ed Business	02/05/1	982				
				Ju 200000						
Statutory Home Office		orest Hills Av		,	Grand Rapids, MI 4 (City or Town, State and Z					
Main Administrative Office			829 F	orest Hills	Ave SE					
Grand	d Rapids, MI 49546		3)	Street and Num	per) 616-949-2410					
	Town, State and Zip Code)			(Area Code) (Telephone Number)						
Mail Address	829 Forest Hills (Street and Number or		, .		Grand Rapids, MI 4954 (City or Town, State and Zip Coo					
Primary Location of Books ar	·			829 Fo	rest Hills Ave SE	,				
•	d Rapids, MI 49546			(Stre	eet and Number) 616-949-9944-122					
	Fown, State and Zip Code)				(Area Code) (Telephone Number)					
Internet Website Address			g	vhp.com						
Statutory Statement Contact	Pam	nela Lea Silva	1		616-949-9944-122					
sil	vap@gvhp.com	(Name)			(Area Code) (Telephone Number) 616-949-9948	(Extension)				
	(E-mail Address)				(FAX Number)					
			<b>OFFICERS</b>							
Name		Title	_	Name		Title				
Roland E Palmer Pamela L Silva		President President/CO		homas W S	schouten , Irea	asurer/Secretary				
		01	THER OFFICE	RS						
		DIDEO		IOTEEO						
Roland E Palmer	Thoma	DIREC	FORS OR TRU	James T K		ıcille I Grimm				
Robert Schirado	Pai	mela L Silva		Herbert A		irginia Smith				
Hugh Jack	K	athy Lentz								
State of	Michigan	 SS								
County of	Kent									
above, all of the herein describer this statement, together with rela of the condition and affairs of the completed in accordance with the that state rules or regulations rec respectively. Furthermore, the so	d assets were the absolute ted exhibits, schedules and e said reporting entity as or e NAIC Annual Statement I quire differences in reportin cope of this attestation by the	property of the d explanations of f the reporting pastructions and g not related to the described of	said reporting entity, free therein contained, annex period stated above, and I Accounting Practices an accounting practices and fficers also includes the r	e and clear from the dor referred of its income and Procedures of procedures, related corres	of said reporting entity, and that of om any liens or claims thereon, excito is a full and true statement of all and deductions therefrom for the smanual except to the extent that: according to the best of their information ponding electronic filing with the Nong may be requested by various reg	ept as herein stated, and that I the assets and liabilities and period ended, and have been (1) state law may differ; or, (2) mation, knowledge and belief, AIC, when required, that is an				
Roland E Pa Presider			Thomas W Schouter Treasurer/Secretary			a L Silva ident/COO				
Subscribed and sworn to be 28 day of	fore me this February, 2011			b. I	s this an original filing? f no, . State the amendment numbe	Yes [ X ] No [ ]				
LOuay 01 _	i Colualy, 2011	=		2	. Date filed	02/28/2011				
MJ Pearson		-		3	. Number of pages attached					
12/23/2013										

#### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

	IDENT AND HEALTH	<u> </u>		7111 7 11 1	-	
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
199999 Total individuals						
Group subscribers:						
Group subscribers: IPM Feds						207,555
Cent County	191,393					191,393 71,047
Spectrum	71,047					71,047
'	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
0299997 Group subscriber subtotal	469,995	0	0	0	0	.469,995
0299998 Premiums due and unpaid not individually listed	98,469					
)299999 Total group	568,464	0	0	0	0	568,464
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities		I	I			
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	568,464	0	0	0	0	568,464
2000000 7 Toolachit and Hodistrip Pormanio add and ampaire (Fage 2, Ellie 10)	1 000,404	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	• I	000, 101

#### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT O - HEALITI CARL RECEIVABLES									
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted			
Individually Listed Receivables: Healthworks			3,635			3 635			
Finologue Receivable	334		3,000						
0699999 - Totals - Other Receivables	334		3,635			.3,969			
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0799999 Gross health care receivables	334		3,635			3,969			

## EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.						0
0399999 Aggregate accounts not individually listed-covered	805,147	290,970	94,676			1,190,793 1,190,793
0499999 Subtotals	805,147	290,970	94,676	0	0	1,190,793
0599999 Unreported claims and other claim reserves						454,799
0699999 Total amounts withheld						1,645,592
0799999 Total claims unpaid						1,040,392
0899999 Accrued medical incentive pool and bonus amounts						0

#### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Grand Valley Health Corp Grand Valley Surgical Center Grand Valley Technology Services Grand Valley Health Management		-	-	•			
Grand Valley Health Corp						67 , 057	
Grand Valley Surgical Center	9,728					9,728	
Grand Valley Technology Services	3,834					3,834	
Grand Valley Health Management	1,669					1,669	
	, , , , , , , , , , , , , , , , , , , ,					, , , , , , , , , , , , , , , , , , , ,	
			•••				
				••••••			
0199999 Individually listed receivables	82,288	0	L0	0	0	82,288	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	82,288	0	0	0	0	82,288	

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Health Corporation. Grand Valley Health Management	ESOP Admin & 401k December pass thru	9,808	9,808	
Grand Valley Health Management	Pass thru	4,527	4,527	
Grand Valley Technology Šervices	Pass thru	2,413	2,413	
Grand Valley Health Facilities	Pass thru	309	309	
	1			
		47 057	47 057	
0199999 Individually listed payables		17,057	17,057	
029999 Payables not individually listed		47.057	47.057	0
0399999 Total gross payables		17,057	17,057	0

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#### ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

#### **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:		0.0		0.0		
Medical groups				0.0		
2. Intermediaries			00 570			400.050
3. All other providers		U.5	92,572	1,164.0		138,358 138,358
4. Total capitation payments	138,358	U.5	92,572	1,164.0	U	138,338
Other Payments:	621,623	2.2	XXX	XXX	621.623	
5. Fee-for-service			XXX	XXX		
Contractual fee payments      Bonus/withhold arrangements - fee-for-service	14,502,040		XXX	XXX	14,502,040	
Bonus/withhold arrangements - ree-ior-service     Bonus/withhold arrangements - contractual fee payments		0.0	XXX	XXX		
Sonds/withhold arrangements - contraction lee payments     Non-contingent salaries	12.308.263		XXX	XXX	12.308.263	
10. Aggregate cost arrangements	12,300,203	0.0	XXX	XXX	12,000,200	
11. All other payments	0	0.0	XXX	XXX	•	
12. Total other payments	27,432,532	99.5	XXX	XXX	27,432,532	0
13. Total (Line 4 plus Line 12)	27,570,890	100 %	XXX	XXX	27,432,532	138,358

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4 Average Monthly	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	1.01.				
9999999 Totals			XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1, 137, 931		1,133,011		4,920	
Medical furniture, equipment and fixtures	1,539,010		1,537,973			1,037
Pharmaceuticals and surgical supplies	279 , 115					279 , 115
Durable medical equipment						
5. Other property and equipment	561,630		561,630			0
6. Total	3,517,686	0	3,232,614	0	4,920	280, 152



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2. (CONTION)

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE	OF Michigan			DURING THE YEAR 2	2010			NA	IC Company Code	95453
	1	Comprel (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		77	6,041				1,440			
2 First Quarter		78	6,040				1,429			
3 Second Quarter		70	6,240				1 , 425			
4. Third Quarter		71	6,299				1,413			
5. Current Year	7,953	71	6,477				1,405			
6 Current Year Member Months	92,572	869	74,632				17,071			
otal Member Ambulatory Encounters for Year:										
7. Physician	27 ,989	285	22,321				5,383			
8. Non-Physician	7,870	79	6,312				1,479			
9. Total	35,859	364	28,633	0	0	0	6,862	0	0	
10. Hospital Patient Days Incurred	1,313	51	1,011				251			
11. Number of Inpatient Admissions	373	12	284				77			
12. Health Premiums Written (b)	29,464,038	278,923	22,473,609				6,711,506			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	29,464,038	278,923	22,473,609				6,711,506			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	27,570,891	258,816	22,227,787				5 ,084 ,288			
18. Amount Incurred for Provision of Health Care Services	27,180,360	255,150	21,912,939				5,012,271			

a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
·, · · · · · · · · · · · · · · · · · ·	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2010			NA	IC Company Code	95453
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7 ,558	77	6,041	0	0	0	1,440	0	0	
2 First Quarter	7 ,547	78	6,040	0	0	0	1,429	0	0	
3 Second Quarter	7 ,735	70	6,240	0	0	0	1 , 425	0	0	
4. Third Quarter	7 ,783	71	6,299	0	0	0	1,413	0	0	
5. Current Year	7,953	71	6,477	0	0	0	1,405	0	0	
6 Current Year Member Months	92,572	869	74,632	0	0	0	17,071	0	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	27 ,989	285	22,321	0	0	0	5,383	0	0	
8. Non-Physician	7,870	79	6,312	0	0	0	1,479	0	0	
9. Total	35,859	364	28,633	0	0	0	6,862	0	0	
10. Hospital Patient Days Incurred	1,313	51	1,011	0	0	0	251	0	0	
11. Number of Inpatient Admissions	373	12	284	0	0	0	77	0	0	
12. Health Premiums Written (b)	29 , 464 , 038	278,923	22,473,609	0	0	0	6,711,506	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	29 , 464 , 038	278,923	22,473,609	0	0	0	6,711,506	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	27,570,891	258,816	22,227,787	0	0	0	5 ,084 ,288	0	0	
18. Amount Incurred for Provision of Health Care Services	27,180,360	255,150	21,912,939	0	0	0	5,012,271	0	0	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ \_\_\_\_\_\_

#### <u>3</u>

#### **SCHEDULE S - PART 1 - SECTION 2**

			Reinsurance Assumed	Accident and Health Insurance Listed by Reins	ured Compan	y as of December 3	31, Current Year				
1 NAIC	2	3	4	5	6 Type of	7	8	9 Reserve Liability Other Than for	10 Reinsurance	11 Modified	12
Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Reinsurance Assumed	Premiums	Unearned Premiums	Unearned	Reinsurance Payable on Paid and Unpaid Losses	Coinsurance	Funds Withheld Under Coinsurance
Code	Number	Lilective Date	Name of Remodred	Location	Assumed	Fieliliulis	FIGHHUMS	FIGIIIUIIIS	and Onpaid Losses	Neserve	Officer Confiscionice
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#### **SCHEDULE S - PART 2**

	Reins	urance Recoverat	- SUNEDULE 5 Dile on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curre	ent Year	
1	2	3	4	5	6	7
NAIC		-				
Company	Federal ID					
Code	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losse
22667	95-2371728	07/01/2010	Name of Company Ace American Insurance company	Pennsy I van i a	196,908	
0599999 - Accid	dent and Health N	Non-Affiliates			196,908	
0699999 - Total	ls - Accident and	d Health			196,908	
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0799999 Tota	als – Life, Annuit	ty and Accident and	d Health		196,908	I

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

13		Funds Wittnheid Under Coinsurance																				
12	Modified	Coinsurance Reserve																				
surplus Relief	11	Prior Year																				
Outstanding Surplus Relief	10	Current Year																				
6	Reserve Credit	I aken Other than for Unearned Premiums																				
8	Reserve Credit	nearned Premiums II (Estimated) U																				
7			462, 104	462,104	462,104	462,104															100	407, 104
9		Туре	7/1/TSS																	+		
5		Location	Pennsylvania																			
4		Name of Company	Ace American Insurance Company			វ General Account																
3		Effective Date	07/01/2010	Total Authorized General Account	Total Authorized General Account	<ul> <li>Total Authorized and Unauthorized General Account</li> </ul>																
2	<u>(</u>	rederal ID Number	95-2371728			Total Authorize															Tetele	lotais
7	NAIC	Code	22667	- 058888	- 6666660	- 6666620															7	1599999 lotals

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

						adiance ocaca i o o	Induition ized company						
_	2	ო	4	S	9	_	∞	တ	10	-	12	13	Clim of Cols
NAIC					Paid and Unpaid		- Poto T			Funds Deposited by		Miscellanauk	9+10+11+12+13 Bit Not in
Code	y rederan 12 Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
1199999 Total	9 Total												
,,,,	5				_		•				•		

# SCHEDULE S - PART 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		0000	milleu)			
		1 2010	2 2009	3 2008	4 2007	5 2006
Α.	OPERATIONS ITEMS					
1.	Premiums	462	546	515	428	484
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	197	0	494	585	100
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

#### **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of balance sheet to identify Net C	redit i di Cede	tu Nemsurar	ICE
	-	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	4,584,132		4,584,132
2.	Accident and health premiums due and unpaid (Line 15)	568,464		568,464
3.	Amounts recoverable from reinsurers (Line 16.1)	196,908		196,908
4.	Net credit for ceded reinsurance	xxx	196,908	196,908
5.	All other admitted assets (Balance)	674,491		674,491
6.	Total assets (Line 28)	6,023,995	196,908	6,220,903
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)		0	1,645,592
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)			336 , 642
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	712,448		712,448
13.	Total liabilities (Line 24)		0	2,694,682
14.	Total capital and surplus (Line 33)	3,329,313	XXX	3,329,313
15.	Total liabilities, capital and surplus (Line 34)	6,023,995	0	6,023,995
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	196,908		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	196,908		
22.	Premiums receivable			
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance			
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
07	Table to 196 and table	106 000		

27. Total net credit for ceded reinsurance

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

		Allocati	ed By States and Terr	Direct Bus	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska							
3. Arizona							
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii							
13. Idaho	ID						
14. Illinois							
15. Indiana		• • • • • • • • • • • • • • • • • • • •	<u> </u>	• • • • • • • • • • • • • • • • • • • •			
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17. Kansas	KS		<b>†</b>		}	l	}
18. Kentucky							
19. Louisiana			<del> </del>		·····	·	<b></b>
20. Maine	ME		ł		}	·	ļ
21. Maryland	MD						
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25. Mississippi							
26. Missouri	MO						
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30. New Hampshire					• • • • • • • • • • • • • • • • • • • •		
31. New Jersey							
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36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania			<b> </b>			<b>[</b>	<b>[</b>
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN	• • • • • • • • • • • • • • • • • • • •	<b>1</b>	• • • • • • • • • • • • • • • • • • • •		<b>1</b>	
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46. Vermont	VT						
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48. Washington							
49. West Virginia							
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa							
53. Guam							<u> </u>
54. Puerto Rico							
55. US Virgin Islands							
-							
56. Northern Mariana Islands							l
57. Canada							
58. Aggregate Other Alien	TO				}	<b></b>	ļ
59. Totals		0	0	0	0	0	

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES **SCHEDULE Y** 

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					Purchases, Sales or Exchanges of Loans, Securities,			Income/	Any Other Material	irial	Reinsurance Recoverable/
NAIC Company	Federal ID	Names of Insurance and Derent Subsidiaries or Afflicted	Shareholder	Capital	Real Estate, Mortgage Loans or Other	စည်းမ	Management Agreements and	(Disbursements) Incurred Under Reinsurance	Activity Not in the Ordinary Course of the Insurer's		(Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	* Business	Totals	Taken/(Liability)
	38 -3265342 38 -3247943	. Grand Valley Health Corporation					585,384			585, 384	- T
	38-3247950	Grand Valley Health Facilities					1,359,039			1,359,039	. 6
95453	38-2396958	Grand Valley Health Plan					(2,895,999)			(2,895,95	(6
	38 - 3668000	Grand Valley Technical Services.					969,576			969,57	
	00 - 044 0000	biand variey surgical center					(000,01)			JO, 01)	
າງ 6666666	9999999 Control Totals		0	0	0	0	0	0	XXX	0	0 0

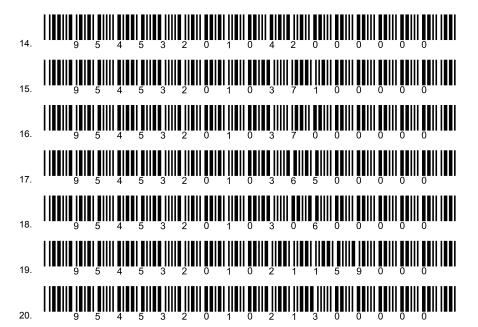
#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES.
3.		YES
4.		YES
_	APRIL FILING	VEC
5. 6		YESYES
6. 7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory	will be printed below. If the
44	MARCH FILING	NO
11.		N0N0
12. 13.	••	NONO
14.		N0
15.	Will the actuarial oninion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	N0
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
18.	, , , , , , , , , , , , , , , , , , ,	NO
19.		N0N0
20. 21.		YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	YES
	AUGUST FILING	
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
EXPLA	ANATION:	
11.		
12.		
13.		
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15.		
16.		
17.		
18.		
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20.		
BAR C		



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



#### **OVERFLOW PAGE FOR WRITE-INS**

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